



No Time to Wait

**Ensuring a Good Start for Infants and Toddlers
in the District of Columbia**



A SPECIAL REPORT

**by the Task Force On Strategic Planning
for Infant and Toddler Development**

MAYOR'S ADVISORY COMMITTEE ON EARLY CHILDHOOD DEVELOPMENT

Executive Summary

The early years are a period of unparalleled growth. From the time of conception to the first day of kindergarten, development proceeds at a pace exceeding that of any subsequent stage in life. Although the early years are a time of great opportunity for young children, they are also a time of great vulnerability. Babies and toddlers need caregivers and parents to be warm and nurturing, as well as to protect them from environmental toxins, extreme poverty, malnutrition, substance abuse, homelessness, child abuse and neglect, community or family violence, and poor quality child care. Early and sustained exposure to such risks can influence the physical architecture of the developing brain, preventing babies and toddlers from fully developing the neural pathways and connections that facilitate later learning.

Every year, close to 8,000¹ new residents are born into the nation's capital, and there are 19,071² children younger than age three. They live in a city where the trends on a variety of indicators of well-being for young children are improving.

- The number of children in foster care declined from 3,466 in 1999 to 2,554 in 2005.³
- In 2005, the number of families applying for emergency shelter declined for the first time in six years.⁴
- The District of Columbia has one of the highest access rates for children eligible for child care subsidies in the nation. Sixty-eight percent of eligible children received subsidies in 2005, while the national average is estimated to be between 15 percent and 20 percent.⁵

But in one of the most powerful cities in the world, **we are failing our youngest citizens in key areas that will affect their success once they enter school.**

- Close to one-half of the infants and toddlers in the District live in low-income families, and almost one-quarter live in extreme poverty (below 50 percent of the federal poverty level or \$8,300 for a family of three).⁶

- Twenty-two percent of children younger than age three in the District are exposed to three or more risk factors – twice the national average.⁷
- More than one-third of all mothers, and more than one-half of Hispanic mothers, did not have adequate prenatal care, which includes beginning prenatal care in their first trimester and making at least nine subsequent visits.⁸
- Fifty-six percent of all births in the District were to single mothers, and in Wards 7 and 8 the rate is 80 percent or more.⁹
- There are an estimated 2,000 at-risk families in the District who could benefit from home visiting services, and less than 30 percent of that group receives them.¹⁰
- Medicaid reimbursement rates in the District are among the lowest in the country. Nationally, Medicaid reimburses primary care physicians an average of 62 percent of Medicare fees. A Medicaid primary care physician in the District of Columbia receives 35 percent of the Medicare fee for the same service.¹¹
- According to the IDEA Infant and Toddler Coordinators Association, the District of Columbia is one of only a few states that do not dedicate any state or local funds for early intervention (IDEA Part C) services.¹²
- Only 4 percent of eligible children (from birth to age three) receive Early Head Start services.¹³
- Of the 348 licensed child care centers in the District, only 149 offer infant care. These centers have the capacity to serve 3,893 children younger than age two, yet there are an estimated 13,000 children younger than age two in the District. By comparison, 325 of the 348 centers serve children from age three to age five.¹⁴
- Child care data gathered over a four-year period indicate the quality of child care in many infant/toddler classrooms in the District is inadequate.¹⁵ The Quality Training Assessment Project found

that out of twenty-four indicators, almost half were rated “minimal” or “below minimal” for all four years.¹⁶

To identify ways to help infants and toddlers grow and thrive, the District of Columbia’s Mayor’s Advisory Committee on Early Childhood Development created the Task Force on Strategic Planning for Infant and Toddler Development. Task force members – representing local home- and center-based child care programs, health clinics, social service agencies, universities, and relevant local government agencies – met twice, and prepared a set of eleven recommendations for the city’s leaders framed by the cornerstones of good health, strong families, and positive early learning experiences. Although the depth and breadth of the recommendations reaffirm there is no single or simple solution, three principles should guide future decisions about prioritizing and implementing the task force’s recommendations.

Support the development of strong families and nurturing caregivers.

The healthy development of young children depends on the healthy development of the adults in their lives. Families that face economic insecurity, parents who struggle with substance abuse or mental illness, and child care providers who do not have adequate skills or resources cannot provide the nurturing environments that babies and toddlers need to thrive.

Provide comprehensive supports.

Families with babies and toddlers need access to a medical and dental home, high-quality comprehensive child care, home visiting services, and mental health, substance abuse, and other family support services. These families need coordinated access to all these supports, not a piecemeal approach, to protect them from the multiple risks threatening their healthy development.

Target areas of extreme need.

There are concentrated areas of extreme poverty and risk in the District of Columbia. Babies, toddlers, and their caregivers who live in these areas have the most to lose from inaction, and the most to gain from a coordinated, comprehensive response.

With the dramatic growth and development that takes place in the early years, infants and toddlers need the attention of policymakers now.

The task force’s recommendations provide a roadmap to guide policymakers in enacting policies supporting good health, strong families, and positive early learning experiences for infants and toddlers in the District of Columbia. District leaders must act now to support families and the developmental needs of their young children before it is too late.

There is no time to wait.

Executive Summary Endnotes

- 1 D.C. KIDS COUNT Collaborative for Children and Families. 2006. Every KID COUNTS in the District of Columbia: Thirteenth Annual Fact Book. Washington, DC: D.C. KIDS COUNT Collaborative for Children and Families. Table 5.
- 2 National Center for Children in Poverty, Current Population Survey, 2004-06.
- 3 D.C. KIDS COUNT Collaborative for Children and Families. 2006. Every KID COUNTS in the District of Columbia: Thirteenth Annual Fact Book. Washington, DC: D.C. KIDS COUNT Collaborative for Children and Families. Figure 35.
- 4 Ibid, Figure 33.
- 5 Council of the District of Columbia, Committee on Human Services. Final Testimony of Barbara Ferguson Kamara, Administrator, Early Care and Education Administration, Department of Human Services.
- 6 National Center for Children in Poverty. Using the Annual Social and Economic Supplement (the March supplement) of the Current Population Survey from 2004, 2005, and 2006, representing information from calendar years 2003, 2004, and 2005.
- 7 National Center for Children in Poverty. Using the 2005 American Community Survey.
- 8 D.C. KIDS COUNT Collaborative for Children and Families. 2006.
- 9 Ibid, Table 5.
- 10 Estimates provided by the Home Visiting Council using 2003 data on birth outcomes in the District.
- 11 Zuckerman, Stephen, McFeeters, Joshua, Cunningham, Peter, and Nichols, Len. June 2004. “Medicaid Fee Indexes and Medicaid-To-Medicare Fee Indexes, 2003.” www.statehealthfacts.org.
- 12 For more information, see <http://www.ideainfanttoddler.org/index.htm>
- 13 U.S. Department of Health and Human Services, Administration for Children and Families. 2005. Head Start Program Information Report, 2004-2005. Washington, DC: U.S. Department of Health and Human Services..
- 14 Denise McKoy, D.C. Department of Health. Email message, October 20, 2006.
- 15 Wells-Wilbon, Rhonda. 2006. Report on Infant and Toddler Environmental Rating Scale Scores. District of Columbia: Department of Human Services, Early Care and Education Administration.
- 16 Ibid.

Policy Recommendations in Brief

GOAL I: IMPROVE ACCESS TO HEALTH AND MENTAL HEALTH SERVICES

1. Increase prenatal care, with a focus on Health Professional Shortage Areas.

- A. Identify and address barriers to prenatal care.
- B. Improve the quality and number of prenatal care facilities in Health Professional Shortage Areas.

2. Support current efforts to improve the developmental screening of children, and increase efforts to ensure children receive the followup evaluations and services they need.

- A. Provide core funding for the DC Partnership to Improve Children's Healthcare Quality to continue implementing, validating, and continuously improving the standardized medical record forms.
- B. Increase Medicaid reimbursement rates so children receive the followup evaluations and services they need.

3. Help parents bridge the gap between their children's health care needs and the health care system.

- A. Examine how Medicaid managed care organizations are conducting outreach to parents.
- B. Support the recommendation of the District of Columbia's Children with Special Health Care Needs Advisory Board to create a central service delivery system to provide early identification, diagnosis, and treatment.
- C. Raise awareness about the importance of a dental home.

4. Ensure access to mental health services by increasing the organizational commitment and resources of the Department of Mental Health in regard to early childhood development.

- A. Appoint an individual in the District's Department of Mental Health to focus solely

on early childhood mental health, particularly working to address the mental health needs of very young children.

- B. Garner funding to reinstate access to mental health consultation for all early childhood programs.

GOAL II: SUPPORT FAMILIES OF VERY YOUNG CHILDREN

5. Intensify efforts to provide parenting information and support to parents of newborns, infants, and toddlers.

- A. Ensure help lines provide responsive assistance and accurate referral information.
 - Convene administrators of the District's primary help lines for parents of very young children to establish a schedule for regularly updating information.
 - Improve training for staff who answer these help lines to ensure appropriate and responsive assistance.
- B. Launch an outreach campaign for parents, particularly fathers, to raise awareness of the importance of the first three years of child development and to connect them to existing information and referral resources.

6. Expand and better coordinate home visiting services to families.

- A. Provide core funding for the Home Visiting Council to coordinate existing home visiting programs, provide training and evaluation so programs meet high standards of quality, and ensure families receive appropriate home visiting services.
- B. Increase funding for home visiting services.
- C. Establish a universal screening and referral process for all District residents who are parents of newborns.

7. Dedicate local funds to provide early intervention services to more infants and toddlers.



GOAL III: PROMOTE POSITIVE EARLY LEARNING EXPERIENCES

8. Create a network of early development programs, and at least two comprehensive service centers, particularly in neighborhoods with poor performing schools and high concentrations of poverty.

- A. Develop a network of Early Development Programs building on existing child care providers.
- B. Create at least two comprehensive service centers in areas of the city with high concentrations of poverty.

9. Support the professional development of infant and toddler child care providers.

- A. Support a career pathway that leads to degrees and/or credentials for infant and toddler caregivers.
 - Establish an Associate of Arts (A.A.) degree in Child Development with a concentration in infant and toddler care at a local institution of higher education.
 - Increase child care subsidy reimbursement rates to support base pay at the living wage level for caregivers in subsidized programs.
 - Increase scholarships for infant and toddler caregivers to earn credentials.
 - Promote increased staff compensation linked to professional development and education.
- B. Provide training on the birth-to-three early learning guidelines through the Early Childhood Leadership Institute.
- C. Develop a network of infant/toddler specialists who provide onsite guidance and support to infant and toddler caregivers on issues related to early development, health, mental

health, family support, and program quality.

- D. Increase the capacity of child care settings to provide care to families that reflect their culture and language.

GOAL IV: PROVIDE THE RESOURCES AND SUPPORT NECESSARY TO ENSURE THAT CHILDREN GET OFF TO A GOOD START

10. Ensure that funding is available to implement these recommendations.

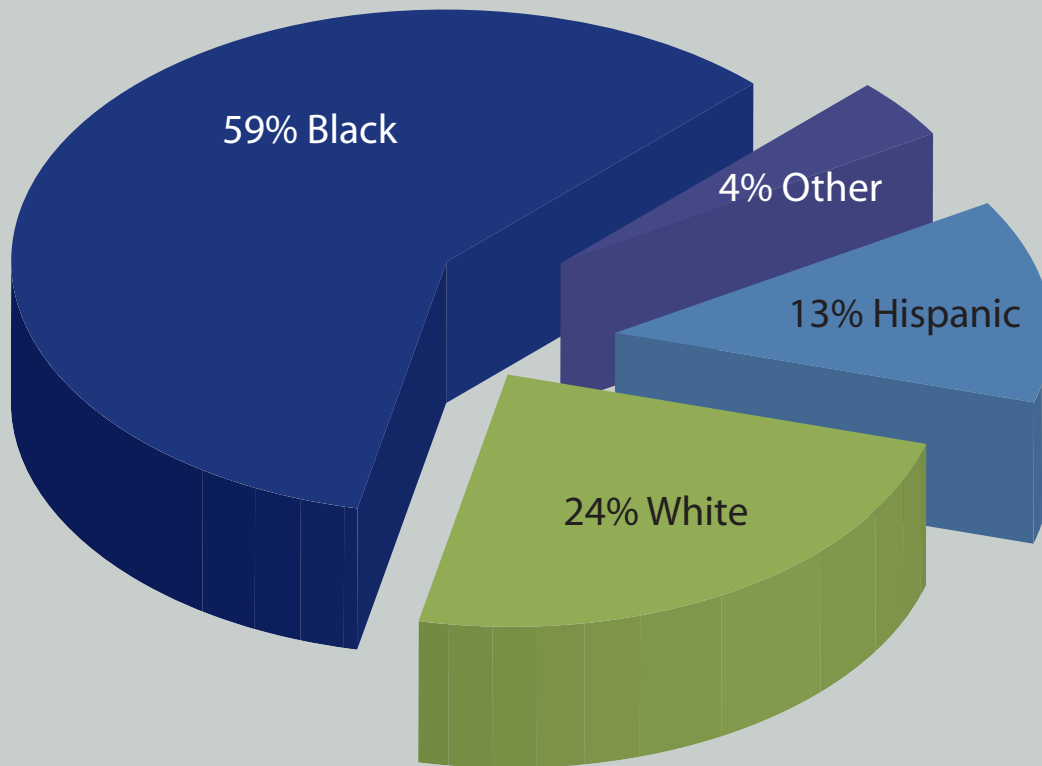
- A. Establish a set-aside of at least 20 percent of any preschool expansion funds to improve infant and toddler care.
- B. Increase child care funds targeted at improving infant and toddler care.
- C. Expand Early Head Start funds or encourage Congress to permit Head Start funds to be used for children from birth to age five in the District of Columbia.
- D. Create a public-private partnership dedicated to funding services for infants and toddlers.

11. Ensure adequate personnel in city government to support programs and services for children and families.

Portrait of Infants and Toddlers in the District:

19,071 children younger than age three in the District of Columbia (2005).⁴
7,937 annual births (2004)⁵

Births, by Race



Source: *Every KID COUNTS in the District of Columbia*, 13th Annual Fact Book, 2006 (data year 2004)

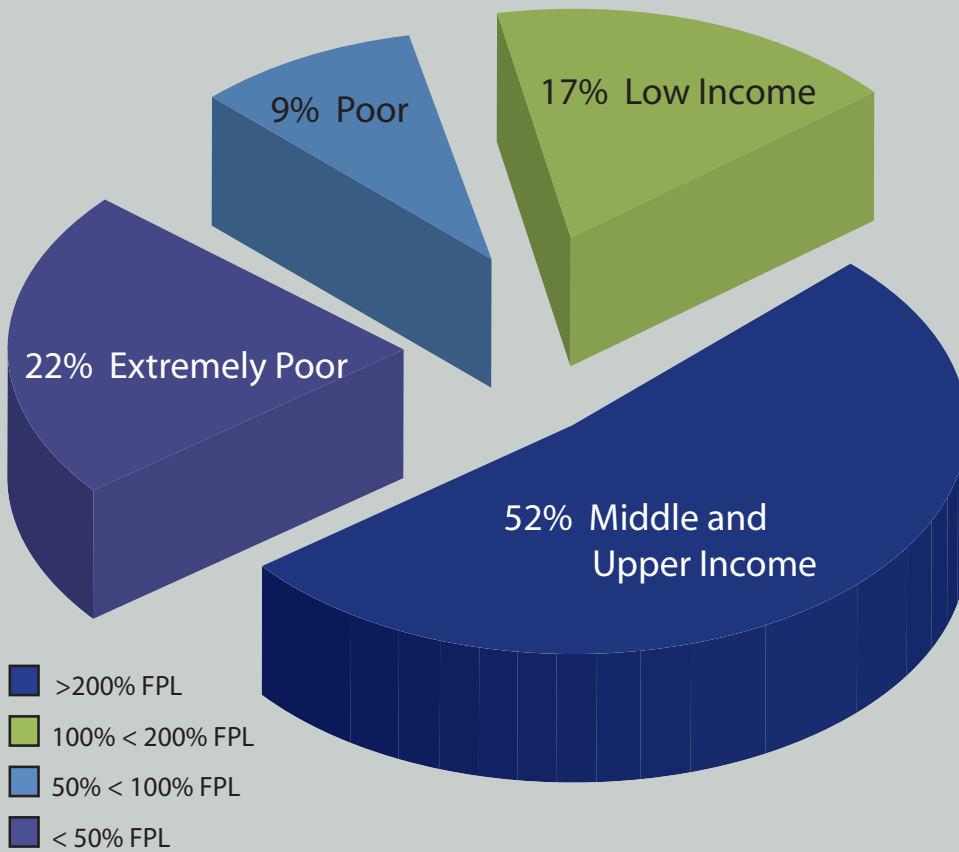
Birth Data, by Ward

	D.C.	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Births with Adequate Prenatal Care	62%	59%	70%	84%	61%	59%	66%	52%	53%
Births to Single Mothers	56%	54%	30%	8%	49%	66%	50%	83%	80%
Low Birthweight Births	11%	10%	10%	5%	9%	13%	11%	14%	14%

Source: *Every KID COUNTS in the District of Columbia*; 13th Annual Fact Book 2006 (data year 2004)

Demographic Data

Infants and Toddlers, by Income Level



Note: FPL means federal poverty level

Source: National Center for Children in Poverty using the March supplement of the Current Population Survey for 2003-2005

Proportion of Children Younger than Age Five Living Below the Poverty Level By Ward

Ward 1	35
Ward 2	23
Ward 3	3
Ward 4	19
Ward 5	28
Ward 6	34
Ward 7	39
Ward 8	52

Source: NeighborhoodInfo DC, from Census 2000 Long Form

Children Younger Than Age Three Experiencing Multiple Risk Factors

Number of Risks	0	1-2	3+
District of Columbia	32%	41%	22%
National	57%	33%	10%

Research demonstrates that circumstances characterized by multiple, interrelated risk factors impose particularly serious developmental burdens during the early childhood years and are the most likely to incur substantial costs in the future.⁶

Risk factors include any combination of the following: (1) single parent, (2) living in poverty, (3) parents do not speak English well, (4) parents have less than a high school education, or (5) parents have no paid employment.

Source: National Center for Children in Poverty, using the American Community Survey, 2005

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